

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center; font-weight: bold;">10/593103</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	13	↓	13	↓	0	↓							
TOTAL DEP.	32	←	22	←	0	←							
TOTAL CLAIMS	45		35		0								
51													
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TOTAL IND.	0	↓	0	↓	0	↓							
TOTAL DEP.	0	←	0	←	0	←							
TOTAL CLAIMS	0		0		0								